

Exhibit 10

Treatment Options for
Pelvic Organ Prolapse



stop coping.
start living.



Gynecare
PROLIFT[®]

Pelvic Floor Repair System

ETH.MESH.03906037



Pelvic health conditions that affect the vagina, uterus and bladder are very common. At least one third of all women in the United States will be treated for one or more pelvic health disorders by the age of 60. Four of the most common conditions are: abnormally heavy menstrual bleeding, uterine fibroids, incontinence and pelvic organ prolapse.

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www.PelvicHealthSolutions.com/Prolapse



What is pelvic organ prolapse?

Your vagina and uterus are secured to the pelvis by connective tissue that forms ligament-like structures around the vaginal walls. As pelvic floor muscles weaken, these connective structures give way, allowing the vagina to become displaced towards, and at times beyond, the vaginal opening. The bladder above and the rectum below the vagina are thereby affected, leading to the following symptoms:

- Loss of bladder or possibly bowel control
- Difficulty voiding
- Urinary frequency
- Problems with bowel movements, such as constipation and incomplete emptying
- Feelings of pelvic or vaginal heaviness, bulging, fullness and/or pain, or a feeling that something is dropping
- Recurrent bladder infections
- Excessive vaginal discharge
- Discomfort or lack of sensation with intercourse
- Back pain

Take the next step. Talk with your doctor or healthcare professional about pelvic organ prolapse and what you can do about it.

You are not alone. Pelvic organ prolapse affects many women.

While it's rarely talked about, half of all women over age 50 experience some degree of pelvic organ prolapse. By age 80, more than one out of every 10 women will have undergone surgery for prolapse. Pelvic organ prolapse can affect a woman's daily life, limiting physical activity and sexual intimacy.

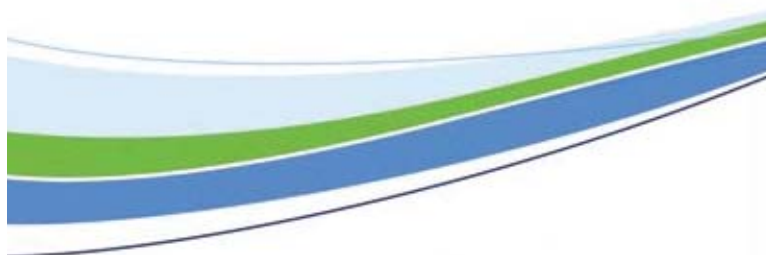
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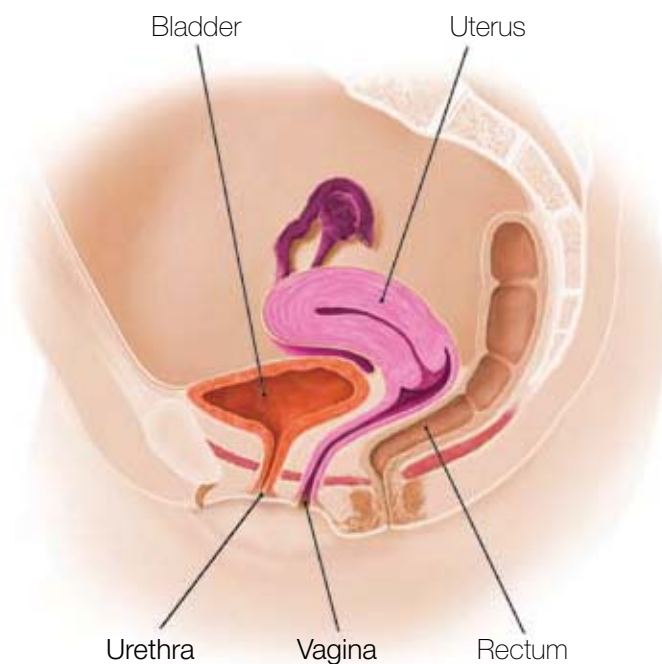
Common causes

While aging is a dominant factor, there are many potential contributing causes to pelvic organ prolapse. They include loss of muscle tone, estrogen loss associated with menopause, multiple vaginal deliveries, obesity, family history, pelvic trauma or previous surgery, repeated heavy lifting, recurrent constipation, chronic coughing and certain medical conditions such as diabetes or connective tissue disorders.

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Normal Pelvic Anatomy



Please use this diagram as a reference to compare the positioning of the organs for the different types of prolapse.

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There are several different types of pelvic organ prolapse

A prolapse occurs when organs drop from their naturally supported position and protrude into or outside of the vagina. There are several different types, which are simply defined according to which organ(s) have prolapsed into the vagina. Often a woman can have more than one type of prolapse.

Organs that may be involved in pelvic organ prolapse include the:

VAGINA

For women who have had a hysterectomy and no longer have a uterus, the top of the vagina pushes into the lower vagina. This is called vaginal vault prolapse.

SMALL BOWEL (Intestine)

Prolapse of the small bowel pushes the vagina towards the opening. This is called an enterocele.

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BLADDER (Cystocele)

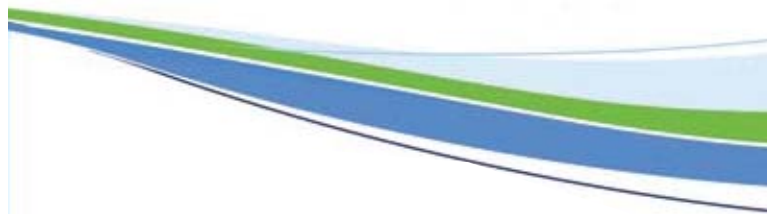
If the pelvic floor is weak, the bladder, which rests on this area of the vagina, can “drop” out of position. This defect is called a cystocele and is the most common type of pelvic floor defect. It is often referred to as a “dropped bladder.”

RECTUM (Rectocele)

As the back wall (or floor) of the vagina loses its support, the rectum can balloon up into, and sometimes out of, the vaginal opening. The rectum, which normally has the vagina as a backstop, can now protrude forward into the vagina, creating a “pocket” called a rectocele.

UTERUS (Uterine Prolapse)

Prolapse of the uterus into the vagina is called uterine prolapse.



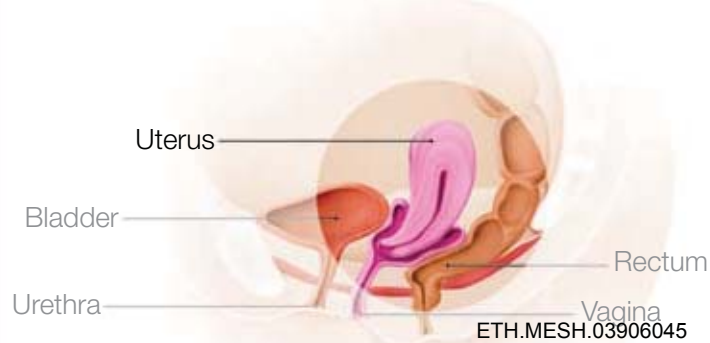
Cystocele



Rectocele



Uterine Prolapse



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Diagnosis

Pelvic organ prolapse is diagnosed by a thorough pelvic examination. Your doctor will also study your medical history, looking for factors that may have contributed to this condition. He or she may order diagnostic tests, such as a urodynamic study to evaluate bladder function or special imaging studies to visualize the bladder or rectum.

Treatment

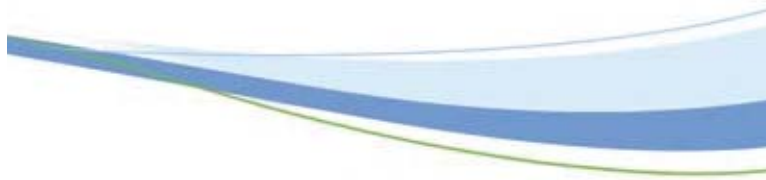
Not all women with pelvic organ prolapse have symptoms that require treatment. However, if your symptoms are interfering with your daily activities, you and your doctor may consider the following treatment options:

Kegel Exercises – Contracting and relaxing the pelvic floor muscles may help if you are diagnosed with mild pelvic organ prolapse and are not currently experiencing any significant symptoms.

Pessary – A device that is inserted in the vagina to help support the pelvic area and may help to relieve mild symptoms of prolapse. If you select this option, it's important to ask your physician how to remove, clean and reinsert the pessary. Sometimes vaginal estrogen is used with this option.

Pelvic Reconstructive Surgery – Pelvic reconstructive surgery can be performed through the vagina or abdominally (via traditional incision or through laparoscopy). During the procedure, the surgeon will reposition the prolapsed organ(s) and secure them to the surrounding tissues and ligaments. Sometimes a synthetic material will be used to reinforce the repair. Prior to surgery, patients should undergo a thorough evaluation to ensure a proper diagnosis. For example, some women may have stress urinary incontinence and may require additional treatment to correct it.

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**Consider GYNECARE PROLIFT®
Pelvic Floor Repair System
as an alternative to traditional
reconstructive surgery**

One specific type of medical device that many physicians choose to treat prolapse with is the GYNECARE PROLIFT® Pelvic Floor Repair System. It contains a soft synthetic mesh that a surgeon places in the pelvis to restore pelvic support. The GYNECARE PROLIFT® mesh is placed through very small incisions inside the vagina.



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GYNECARE PROLIFT® is different from other surgical alternatives

Traditional surgeries may be done either through the vagina or the abdomen. The vaginal approach entails repairing the tears in the connective tissue and/or attaching the vagina to other ligaments within the pelvis. With the abdominal approach, the vagina is attached to the sacrum (a large, triangular bone at the base of the spine and at the upper part of the pelvic cavity) using a graft. Alternately, the vagina might be reattached to the torn ligaments. The abdominal approaches may be done through an open incision or through a laproscope.

GYNECARE PROLIFT®, however, simplifies the repairing process by using a synthetic mesh to keep prolapsed organs in place, rather than grafts and other attachments. Once in place, the synthetic mesh works with your body to create pelvic support. With GYNECARE PROLIFT®, pelvic floor repair can be completed in less than half the time of traditional surgery. Patients also may go home the next day and may experience less pain and quicker recovery. The procedure is designed to restore normal anatomy, which means patients can resume sexual intimacy, normal physical activity and may avoid the need for hysterectomy as long as the uterus is not diseased.

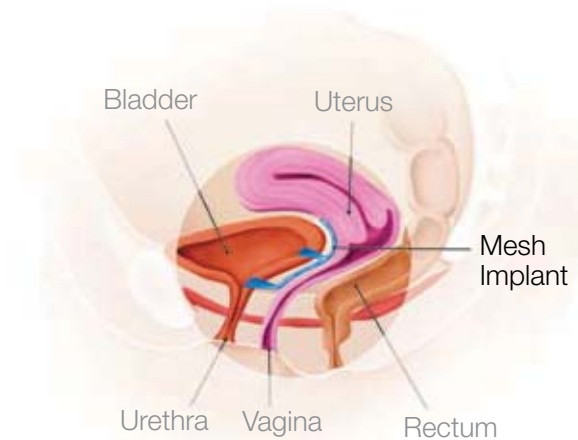
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How GYNECARE PROLIFT® works

During the procedure, the surgeon repositions the prolapsed organs and reinforces this positioning by placing a soft supportive mesh. The body tissues then quickly grow through the pores of the mesh, creating final support.

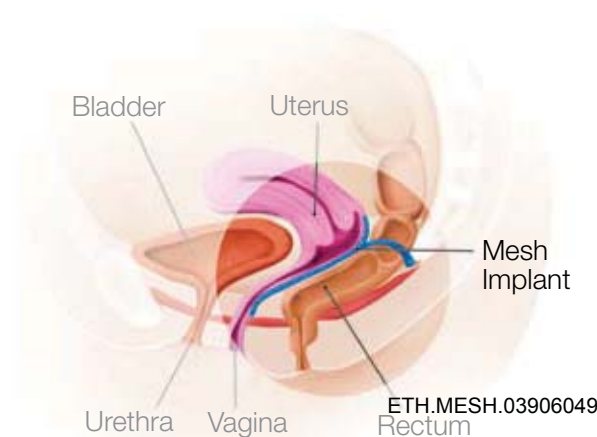
Cystocele Repair with GYNECARE PROLIFT®

the mesh is placed to reposition the bladder



Rectocele Repair with GYNECARE PROLIFT®

the mesh is placed to reposition the rectum



What to expect during the procedure

The surgery generally takes 1 to 2 hours and can be performed under regional (epidural or spinal) or general anesthesia.

What to expect once you return home

After the surgery, you will usually stay in the hospital for 1 night. Many patients return to normal daily activities within 3 to 4 days. Most completely recover in a 2 to 3 week period. During this time there should be minimal interference with daily activities, although you will have to avoid heavy lifting, strenuous exercise and intercourse for up to 6 to 12 weeks.

What are the risks?

All surgical procedures present some risks. Complications associated with the procedure include injury to blood vessels of the pelvis, difficulty urinating, pain, scarring, pain with intercourse, bladder and bowel injury. There is also a risk of the mesh material becoming exposed into the vaginal canal. Mesh exposure can be associated with pain during intercourse for the patient and her partner. Exposure may require treatment, such as vaginal medication or removal of the exposed mesh.

Synthetic mesh is a permanent medical device implant. Therefore, you should carefully discuss the decision to have surgery with your doctor and understand the benefits and risks of mesh implant surgery before deciding how to treat your condition.

Is GYNECARE PROLIFT® right for you?

You may be a candidate for treatment with the GYNECARE PROLIFT® System if you have been diagnosed with pelvic organ prolapse. As with any surgery of this kind, this procedure should not be performed on pregnant women, infants or children. It should also not be considered by women who plan a future pregnancy. Only a complete physical examination and consultation with your physician can determine which procedure is right for you.

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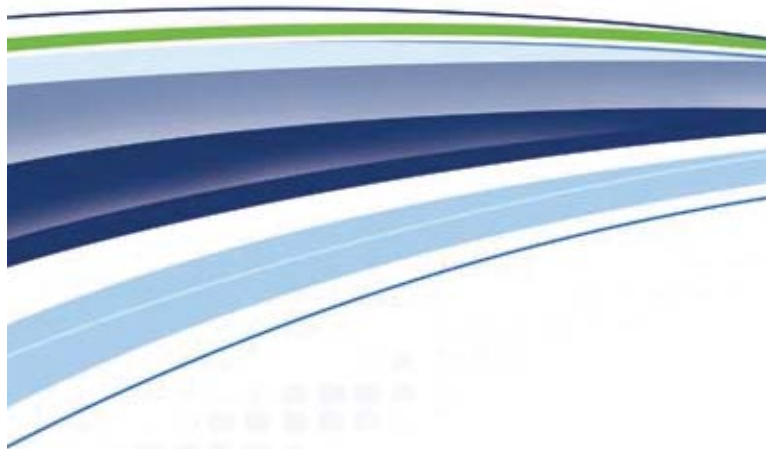


GYNECARE PROLIFT® Total Pelvic Floor Repair System
GYNECARE PROLIFT® Anterior Pelvic Floor Repair System
GYNECARE PROLIFT® Posterior Pelvic Floor Repair System

GYNECARE PROLIFT+M™ Total Pelvic Floor Repair System
GYNECARE PROLIFT+M™ Anterior Pelvic Floor Repair System
GYNECARE PROLIFT+M™ Posterior Pelvic Floor Repair System

GYNECARE PROLIFT® and GYNECARE PROLIFT+M™ are intended for tissue reinforcement and long-lasting stabilization of fascial structures of the pelvic floor in vaginal wall prolapse where surgical treatment is intended, either as mechanical support or bridging material for the fascial defect. GYNECARE PROLIFT® and GYNECARE PROLIFT+M™ should not be used in infants, children, pregnant women, or women planning future pregnancies. GYNECARE PROLIFT® and GYNECARE PROLIFT+M™ should not be used in the presence of active or latent infections or cancers of the vagina, cervix, or uterus. All surgical procedure present risks. Complications associated with the procedure include injury to blood vessels or nerves of the pelvis, difficulty urinating, pain, scarring, pain with intercourse, bladder and bowel injury. There is also a risk of the mesh material becoming exposed into the vaginal canal. Mesh exposure can be associated with pain during intercourse for the patient and her partner. Exposure may require treatment, such as vaginal medication or removal of the exposed mesh. Synthetic mesh is a permanent medical device implant. Therefore, you should carefully discuss with your doctor and understand the benefits and risks of mesh implant surgery before deciding how to treat your condition.

ETH-MESH-10-996051



ETHICON Women's Health & Urology, a division of ETHICON, INC., a Johnson & Johnson company, is dedicated to providing innovative solutions for common women's health problems and to providing valuable, easy-to-understand information so that women, along with their physicians, can weigh their options and make informed decisions.

For more information visit

www.PelvicHealthSolutions.com/Prolapse

or call **1-888-GYNECARE** to speak with a nurse.



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